



## APPLICATION FOR CONTRACTOR REGISTRATION

**ALL ITEMS LISTED BELOW MUST BE SUBMITTED WITH THIS APPLICATION as a complete packet or your registration CAN NOT BE PROCESSED.**

- ☐ This application signed and notarized
- ☐ Bond or Assignment of Account form (originals only)
- ☐ Certificate of Insurance (Originals Only)
- ☐ Unified Business Identifier (UBI #) AND IRS Employer ID. NO.; Corporation No. If applicable
- ☐ Check in the amount of \$109.70 made payable to the Dept. of Labor and Industries
- ☐ Copy of Secretary of State Application (Exception: Individual Proprietorships & Partnerships)

**BOND REQUIREMENTS:**                      \$12,000 General contractor                      \$6,000 Specialty contractor

You must submit an **original** (not a copy) continuous contractor's surety bond (Not performance, license or permit bonds) with an effective date and seal of the bonding company.

In lieu of a surety bond you may submit an original "Assignment of Account" form which has been completed by a bank. Washington state banks only.

**INSURANCE REQUIREMENTS:**    Minimum Amounts (Coverage must be for each occurrence)  
    \$50,000    Property Damage  
    \$200,000   Public Liability

**The original Certificate of Insurance or other insurance document must include the following:**

<b>Policy Number</b>	<b>Effective Date</b>	<b>Signature Of Agent</b>
<b>Expiration Date Or Until Canceled</b>	<b>Cancellation Clause</b>	<b>Amount of each Occurrence Coverage</b>

The CERTIFICATE OF INSURANCE and the APPLICATION FOR CONTRACTOR REGISTRATION must be submitted with the SAME EXACT BUSINESS NAME as on the BOND.

**IMPORTANT:**

\* There can be no errors, corrections, omissions, additions, alterations or whiteouts on Bond or Insurance Documents.

**OTHER REGISTRATION NUMBERS REQUIRED:**

You may apply for a Washington State Business License (Unified Business Identifier (UBI) Master Business License) at any local office of the Department of Labor and Industries, the Dept. of Revenue, the Employment Security Dept., or the Business License Service in Olympia.

\* **You may also apply on-line for your UBI at: [www.dol.wa.gov/busniss](http://www.dol.wa.gov/busniss)**

\* **Or contact DOL at (360) 664-1400**

\* Applicants having existing account numbers that are current with L&I's Division of Insurance Services, the Department of Revenue and the Employment Security Dept. shall use those numbers.

**IRS Employer Account Number (federal) EIN** must be provided. If you are a sole proprietorship and have no employees, you may use your personal social security number. You may also submit a copy of the completed IRS application. (Send The Original To The IRS)

**Employer's Identification Number  
(Employer Social Security) (Not Personal Number)**

Internal Revenue Service or Your Local Internal Revenue Service  
INTERNAL REVENUE SERVICE CENTER  
2404 CHANDLER CT SW STE 280  
OLYMPIA WA 98502            TOLL FREE: 1-800-424-1040

## **NOTICE:**

If any of the owners/officers have ever previously been registered in the State of Washington as a General or Specialty Contractor and have any unsatisfied final judgments that were filed against the previous registration, REGISTRATION WILL BE DENIED. All previous registrations, owners, and officers will be verified. Files may be in state archives which may delay verification and registration.

**If you have questions about any of the requirements,  
please call 1-800-647-0982 or 360-902-5226**



## **Contractor Training Classes**

Get information about Safety, Workers Compensation Insurance, Wage and Hour, Unemployment Insurance and more.

For dates and more information Check our website: [www.contractors.Lni.wa.gov](http://www.contractors.Lni.wa.gov)  
or call 1-800-647-0982

<b>Do Not Write In Shaded Area</b>				Received By
<b>01 Or 02</b>	County Code	Type	Entered By	Date Entered
Effective Date	Expiration Date	Contractor Registration Number		

**Department Of Labor And Industries (360) 902-5226**  
**Contractor's Registration Section**  
 PO Box 44450  
 Olympia WA 98504-4450



# APPLICATION FOR CONTRACTOR REGISTRATION

**PLEASE PRINT OR TYPE: Use Ink**

BUSINESS NAME (LIMIT TO 30 CHARACTERS AND ONLY ONE BUSINESS NAME)	PHONE # (area code)	COUNTY
BUSINESS LOCATION ADDRESS	CITY	STATE ZIP + 4

BUSINESS MAILING ADDRESS	CITY	STATE ZIP + 4
--------------------------	------	---------------

Do you have or will you be hiring employees?

☐ YES ☐ NO

If yes, please list your Industrial insurance Account number: \_\_\_\_\_

Have any of the principal owners/officers, under any other construction business name ever been previously or are currently registered in Washington as a contractor?

☐ YES ☐ NO

If yes, give previously registered business name: \_\_\_\_\_

Previous Registration Number Reg #: \_\_\_\_\_ Date expired: \_\_\_\_\_

Do you want your previous contractor registration:

Continued as a separate business ☐ YES ☐ NO  
 Listed as inactive ☐ YES ☐ NO

\*\*\* Note: Previous registration **will** be referenced in current file \*\*\*

Mark The Type Of Registration: ☐ General Contractor ☐ Specialty Contractor

Specialty Contractors only: Write in one or two trades from list below:

Specialty Code \_\_\_\_\_ Specialty Code \_\_\_\_\_

BA Acoustical	BR House Moving	CE Seal Coating
AA Air Conditioning *	BS Hydraulic Installation/Repair	CF Service Station Equipment *
BG Appliances/Equipment *	BT Institutional/Equip/Stationary	CG Sheet Metal
XX Asbestos	Furniture/Lab Tables/Lockers	CH Siding (Other Than Wood)
BC Awnings/Canopies/Carports/Patio	BU Insulation	CI Signs--- Non-electrical
Coverings	BV Irrigation/Sprinkling Systems *	CJ Steel/Aluminum Erectors
AC Boiler/Steam Fitting/Process Piping	BW Landscaping *	CK Steel Reinforcing/Bar/Wire Mesh
BD Cabinet And Millwork	BX Lathing	CL Structural Pest Control/Repair
BE Carpentry/Framing	BY Machinery	CM Swimming Pools/Service/Repair *
CW Carpet Laying	BZ Masonry	CN Tanks/Tank Renovating
BF Ceramic/Plastic/Metal Tile	MH Mobile Home Setup	CO Venetian Blinds/Shades/Drapes
AB Commercial/Industrial Refrigeration *	CA Ornamental/Metals	AF Warm Air Venting/Ventilation &
BI Concrete	OG Overhead/Garage Doors	Evaporative Cooling
BJ Demolition	CB Painting/Wall Covering	CP Water Conditioning Equipment *
BK Drywall	PS Paving/Striping	CQ Water Proofing
BL Elevator *	CC Plastering	CR Weather Stripping
BM Excavating/Grading	AD Plumbing *	CS Welding
BN Fencing	PW Pressure Washing	WD Well Drilling **
BO Fire Protection System (Other Than Elect)	BH Resilient Floor/Countertop	CT Wood Floor Laying/Finishing
BP Glazing/Glass	Materials/Plastic Finish Masonite	WS Wood stove Installation
BQ Guniting	CD Roofing	HM Handyman (cannot use second specialty)
CV Gutters/Down spouts	AE Sanitation Systems "Side Sewer"	EX Other (Specify) _____

\* May Also Require Plumber Certification 360-902-5207, Electrical Licenses 360-902-5269 or Elevator Certification 360-902-6456.

\*\* Additional licensing requirements are necessary through Washington State Department of Ecology - 360-407-6650

## Other Registration Numbers Required

Notice: You must fill in the account numbers listed below. Federal IRS number must be provided.

Unified Business Identifier (UBI) Acct. No.	IRS Employer Identification Number (Federal) EIN	Industrial Insurance Account ID
Other UBI you do business under	E-mail Address:	Would like to received updates by Email <input type="checkbox"/> Yes <input type="checkbox"/> No

**IF NUMBERS ARE NOT SUBMITTED YOUR REGISTRATION WILL NOT BE PROCESSED**

**TYPE OF ORGANIZATION (Complete One Of The Following)****NOTE: Social Security Numbers for identification only**

<input type="checkbox"/> <b>Individual Proprietorship</b>	(List individual name, not business name) (type or print)	Social Security #	Phone # (area code)
Mailing Address		City	State ZIP + 4

<input type="checkbox"/> <b>PARTNERSHIP</b>				Phone # (area code)
Names (type or print)	Mailing address	City	State ZIP + 4	Social Security #

<input type="checkbox"/> <b>*CORPORATION</b>	<input type="checkbox"/> <b>*LLC</b>	<input type="checkbox"/> <b>*LLP</b>	<input type="checkbox"/> <b>*Joint Venture</b>	*As filed with the Sec. of State	Phone # (area code)
--	--------------------------------------	--------------------------------------	--	----------------------------------	---------------------

PARENT COMPANY NAME

President (type or print) (members)	Mailing address	City	State	ZIP + 4	Social Security #
Vice president/member	Mailing address	City	State	ZIP + 4	
Secretary	Mailing address	City	State	ZIP + 4	
Treasurer	Mailing address	City	State	ZIP + 4	
Statutory agent	Mailing address	City	State	ZIP + 4	

***SIGN AND HAVE THE AFFIDAVIT BELOW NOTARIZED*****AFFIDAVIT OF SIGNATURE**

WE (I), the undersigned, being first duly sworn, each for their self deposes and says: That the undersigned are the truly elected, qualified, and acting officers, or partners, or individually, as the case may be, of the within named applicant(s), as per their signature below; that we (I) have read the contents of this application, and to the best of our (my) knowledge and belief the foregoing statements are true in substance and effect and are made in good faith.

(TITLE)	(TYPE OR PRINT NAME)	(SIGNATURE)

NOTARY  
SEAL

SUBSCRIBED AND SWORN TO BEFORE ME THIS  
Date

NOTARY PUBLIC

MY COMMISSION EXPIRES ON:

RESIDING AT

**Before mailing this application:** Have you included the following? **NOTICE: If these items are not submitted in one package, your registration will not be processed!**

- |   |  |
|---|--|
| 1. Completed application with notarized signature(s)  | 4. Unified Business Identifier (UBI), Account Number, Revenue #, |
| 2. Original surety bond or assignment form (not copies)                                     | IRS Number or copy of completed application                      |
| 3. Insurance Certificate or document, and/or assignment form for insurance (originals only) | 5. \$109.70 Check or money order                                 |
|   | 6. Copy of the Application sent to Secretary of State            |